

CRIMINAL HISTORY CHECK REQUEST
FOR THE CITY OF WICHITA POLICE DEPARTMENT

(Please Print)

FIRST NAME

MIDDLE NAME

LAST NAME

DATE OF BIRTH: _____ RACE: _____ SEX: _____ SOCIAL SECURITY #: _____

Maiden name or alias name(s) used: _____

Previous Address: _____

Current Address: _____

Home Phone Number: _____ Business Phone Number: _____

Current Place of Employment: _____

Any Additional Out of Current State or State of Kansas Addresses Within the Last 10 Years:

State DL or ID Number: _____

State Issuing the DL or ID: _____

Please attach a photo copy of the listed State DL or ID as well.

THE INFORMATION THAT YOU HAVE PROVIDED WILL BE USED TO CONDUCT THE REQUIRED CRIMINAL HISTORY BACKGROUND CHECK. THIS DOCUMENT AND ALL ADDITIONAL COMPLETED REQUIRED FORMS WILL BE MAINTAINED BY THE WICHITA POLICE DEPARTMENT IN ACCORDANCE WITH FEDERAL AND KANSAS STATE LAW.

DATE: _____

SIGNATURE: _____